

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 9-681410	FILING DATE 03-30-01		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	✓		✓				51			
2		✓		✓			52			
3		✓		✓			53			
4		✓		✓			54			
5	✓		✓				55			
6		✓		✓			56			
7		✓		✓			57			
8		✓		✓			58			
9	✓		✓				59			
10			✓				60			
11				✓			61			
12				✓			62			
13			✓				63			
14				✓			64			
15				✓			65			
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46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	3		5				TOTAL IND.			
TOTAL DEP.	6		10				TOTAL DEP.			
TOTAL CLAIMS	9		15				TOTAL CLAIMS			